

Volunteer Driver Form – Form 3



NAME	DATE OF BIRTH	
NEW ZEALAND DRIVERS LICENCE NUMBER	EXPIRY DATE	
HOW LONG HAVE YOU HELD A FULL LICENCE?	CLASSES OF LICENCE HELD	
DRIVING EXPERIENCE		
Have you any experience driving a passenger van?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details:		
Have you any experience driving groups of people?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details:		
In the last 10 years have you had any:		
Motor vehicle accidents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Motor vehicle insurance claims made against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide FULL details:		
In the last 15 years have you:		
Had any driving convictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide FULL details:		
VEHICLE INSURANCE/SAFETY		
<i>(Where a private motor vehicle is going to be used to transport athletes)</i>		
If a private motor vehicle is used to transport athletes it must have a minimum of 3 rd party insurance cover.		
Does your vehicle have 3 rd party insurance cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your vehicle have full insurance cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many seats fitted with seatbelts does your vehicle have?		
I declare that the details provided are true and correct.		
Named Driver Signature:		
Date:		